

Schmitz Psychological Services, PLLC

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NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

AT A GLANCE — YOUR RIGHTS, CHOICES, AND MY USES:

YOUR RIGHTS:

- Get a copy of your records
- Correct your records
- Request confidential communications
- Ask me to limit what I share
- Get an accounting of disclosures
- Get a copy of this Notice
- Choose a personal representative
- Be notified of a breach
- File a complaint

YOUR CHOICES:

- Share with family/friends involved in your care
- Share in a disaster relief situation

- Receive fundraising communications (you can opt out)
- Limit mental health record sharing
- Restrict sharing with your health plan for self-pay services

MY USES & DISCLOSURES:

- Treat you
- Run my organization
- Bill for services
- Help with public health & safety
- Conduct or assist research
- Comply with the law
- Work with a medical examiner or coroner
- Workers' compensation & law enforcement
- Respond to lawsuits & legal actions
- SUD records: NOT for legal proceedings against you without your consent or a court order + subpoena

Each section below provides full detail. For questions about this notice, contact Dr. Jacob Schmitz.

SECTION 1 — YOUR RIGHTS

When it comes to your health information, you have the following rights. This section explains your rights and some of my responsibilities to help you.

Right to Get a Copy of Your Medical Record

- You can ask to see or get an electronic or paper copy of your medical record and other health information I have about you. Ask me how to do this.
- I will provide a copy or a summary of your health information usually within 30 days of your request. I may charge a reasonable, cost-based fee for copying, mailing, or other supplies. Note: given I am currently in New Zealand, paper copies may take a significant amount of time to arrive when requested.

- Note: Psychotherapy notes and substance use disorder (SUD) counseling notes are generally excluded from this right. See the SUD Records section below for additional details.

Right to Correct Your Medical Record

- You can ask me to correct health information about you that you think is incorrect or incomplete.
- I may say “no” to your request, but I will tell you why in writing within 60 days.

Right to Request Confidential Communications

- You can ask me to contact you in a specific way (for example, by cell phone only) or to send mail to a different address.
- I will say “yes” to all reasonable requests.

Right to Ask Me to Limit What I Use or Share

- You can ask me not to use or share certain health information for treatment, payment, or my operations. I am not required to agree to your request, and I may say “no” if, for example, it could affect your care. If I agree, I may still share this information if you need emergency treatment.
- If you pay for a service out-of-pocket in full, you can ask me not to share that information for the purpose of payment or my operations with your health insurer. I will say “yes” unless a law requires me to share that information.

Right to Get a List of Those With Whom I’ve Shared Your Information

- You can ask for a list (accounting) of the times I’ve shared your health information for up to six years prior to the date you ask, who I shared it with, and why.
- I will include all disclosures except those about treatment, payment, and health care operations, and certain other disclosures such as any you asked me to make.
- I will provide one accounting per year for free. If you request another within 12 months, I may charge a reasonable, cost-based fee.

Right to Get a Copy of This Privacy Notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive it electronically. I will attempt to provide one promptly. Note: given I am currently in New Zealand, paper copies may take a significant amount of time to arrive when requested.

Right to Choose Someone to Act for You

- If someone has authority to act as your personal representative — for example, if someone holds your medical power of attorney or is your legal guardian — that person can exercise your rights and make choices about your health information.

- I will verify that the person has this authority and can act for you before I take any action.

Right to Be Notified of a Breach

- If Dr. Jacob Schmitz discovers that your unsecured protected health information has been accessed, used, or disclosed in a way that compromises its privacy or security, he will notify you promptly — without unreasonable delay and no later than 60 days after discovery.

Right to File a Complaint

- You can complain if you feel I have violated your privacy rights by contacting Dr Jacob Schmitz at (804) 404-3735 or in writing at 701 East Franklin Street Suite 105 Richmond, VA 23219

- You can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights: send a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201; call 1-877-696-6775; or visit <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>.

- For concerns about a licensed provider’s conduct, you may also file a complaint with the Virginia Department of Health Professions at www.dhp.virginia.gov.

- I will not retaliate against you in any way for filing a complaint.

SECTION 2 — YOUR CHOICES

For certain health information, you can tell me your choices about what I share. If you have a clear preference, talk to me. Tell me what you want me to do, and I will follow your instructions.

Sharing Information With Family, Friends, or Others Involved in Your Care

In these cases, you have both the right and choice to tell me to:

- Share information with your family, close friends, or others involved in your care or payment for your care

- Share information in a disaster relief situation

If you are not able to tell me your preference — for example, if you are unconscious — I may go ahead and share your information if I believe it is in your best interest. I may also share your information when needed to lessen a serious and imminent threat to health or safety.

Information I Never Share Without Your Written Permission

In these cases, I never share your information unless you give me written authorization:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes (see details under Uses and Disclosures below)

Fundraising

• I may contact you for fundraising efforts, but you can tell me not to contact you again and I will honor that request.

Mental Health Treatment Records

• Virginia law (Va. Code § 32.1-127.1:03) provides that your psychotherapy notes — notes kept separate from your general health record documenting the content of your counseling sessions — require your written authorization before disclosure, with limited exceptions described in Section 3 below.

SECTION 3 — MY USES AND DISCLOSURES

How I Typically Use or Share Your Health Information

I typically use or share your health information in the following ways.

Treat You

I can use your health information and share it with other professionals who are treating you.

» Example: Dr. Schmitz consults with your family physician or a psychiatrist about your overall health condition and current medications.

Run My Organization

I can use and share your health information to run my practice, improve your care, and contact you when necessary.

» Example: I use health information about you to manage your treatment, conduct quality improvement reviews, and coordinate care.

Bill for Your Services

I can use and share your health information to bill and get payment from health plans or other entities. (Note: With how my practice is currently set up, you will share an itemized receipt

created by me in order to do this. I do not directly interact with insurance companies except in extenuating circumstances).

» Example: I give information about you to your health insurance plan so it will pay for your services or determine your eligibility.

How Else I May Use or Share Your Health Information

I am allowed or required to share your information in other ways — usually in ways that contribute to the public good, such as public health and research. I must meet many conditions in the law before I can share your information for these purposes.

Important: In all cases, if I have substance use disorder patient records about you that are subject to 42 CFR Part 2, I cannot use or share those records in civil, criminal, administrative, or legislative investigations or proceedings against you without (1) your written consent or (2) a court order and a subpoena. See the SUD Records section below.

Help With Public Health and Safety Issues

I can share health information about you for certain situations such as:

- Preventing or controlling disease, injury, or disability
- Reporting suspected abuse, neglect, or domestic violence
- Reporting adverse reactions to medications or defective products
- Preventing or reducing a serious and imminent threat to anyone's health or safety

Do Research

I can use or share your information for health research, subject to oversight and approval processes designed to protect your privacy.

Comply With the Law

I will share information about you if state or federal laws require it, including with the U.S. Department of Health and Human Services if it requests to verify my compliance with federal privacy law.

Respond to Organ and Tissue Donation Requests

I can share health information about you with organ procurement organizations.

Work With a Medical Examiner or Funeral Director

I can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address Workers' Compensation, Law Enforcement, and Other Government Requests

I can use or share health information about you:

- For workers' compensation claims (Va. Code §§ 65.2-604, 65.2-607)
- For law enforcement purposes or with a law enforcement official when required or permitted by law
- With health oversight agencies for activities authorized by law (e.g., audits, inspections, licensing proceedings)
- For special government functions such as national security and military activities

Respond to Lawsuits and Legal Actions

I can share health information about you in response to a court or administrative order, or in response to a subpoena, provided the information is privileged under Virginia law or the request otherwise meets legal requirements. You will be informed in advance where possible. The privilege does not apply when you are being evaluated for a third party or when an evaluation is court-ordered.

Mandatory Reporting Under Virginia Law

- Child Abuse and Neglect (Va. Code § 63.2-1509): If your provider has reasonable cause to suspect that a child has been abused or neglected, they are required to report that belief to the appropriate child protective services authority.
- Abuse of Adults and Vulnerable Persons (Va. Code § 63.2-1606): If your provider has reasonable cause to believe that a vulnerable adult (a person 18 or older who is incapacitated, or any person 60 or older) has been subjected to abuse, neglect, or exploitation, they are required to report that belief to Adult Protective Services.
- Duty to Protect Third Parties (Va. Code § 54.1-2400.1): If your provider determines that you present a serious and imminent danger of violence to yourself or to an identifiable third party, they may disclose information necessary to protect you or the intended victim, which may include warning the person, notifying law enforcement, or seeking emergency hospitalization.
- Health Oversight Proceedings: If your provider is the subject of an inquiry by their licensing board, they may be required to disclose your PHI in proceedings before that board. Your provider will attempt to inform you and explain what information must be disclosed.

SECTION 4 — SPECIAL PROTECTIONS: PSYCHOTHERAPY NOTES

"Psychotherapy notes" means notes kept separately from your general health record by your mental health provider, documenting or analyzing the contents of your private or group counseling sessions.

Under both HIPAA and Virginia law (Va. Code § 32.1-127.1:03), psychotherapy notes are given a higher level of protection than other PHI and require your written authorization before disclosure, except in the following limited circumstances:

- To defend Dr. Jacob Schmitz against an accusation of wrongful conduct
- In the discharge of the duty to protect third parties from violence or serious harm (Va. Code § 54.1-2400.1)
- As required in an investigation, audit, or proceeding regarding Dr. Jacob Schmitz's conduct by a duly authorized law enforcement, licensure, accreditation, or professional review entity
- As otherwise required by law

Note: Psychotherapy notes do not include medication and prescription monitoring notes, counseling session start and stop times, treatment modalities and frequencies, clinical test results, or any summary of symptoms, diagnosis, prognosis, functional status, treatment plan, or progress to date. These items are part of the general health record and are subject to standard HIPAA protections.

SECTION 5 — SPECIAL PROTECTIONS: SUBSTANCE USE DISORDER (SUD) RECORDS — 42 CFR PART 2 FEDERAL LAW PROTECTS THE CONFIDENTIALITY OF SUBSTANCE USE DISORDER PATIENT RECORDS.

If Dr. Jacob Schmitz creates, receives, or maintains records related to your substance use disorder (SUD) diagnosis, treatment, or referral for treatment that are protected under federal law (42 CFR Part 2), those records carry heightened confidentiality protections beyond standard HIPAA. These requirements became effective February 16, 2026.

Dr. Jacob Schmitz may not disclose to a person outside of his practice that you attend this program, or disclose any information identifying you as having or having had a substance use disorder, or disclose any SUD treatment information, except as permitted by federal law.

Legal Proceedings — Strict Prohibition

SUD records subject to 42 CFR Part 2 received from programs subject to that regulation, or testimony relaying the content of such records, shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless based on:

- (1) Your written consent; OR

- (2) A court order after you have been given notice and an opportunity to be heard, as provided in 42 CFR Part 2. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the record is used or disclosed.

Permitted Uses of SUD Records Without Your Consent

I may use or share SUD records without your consent only in limited circumstances required by law, including:

- Medical emergencies, to the extent necessary to meet the emergency
- Research, audit, or program evaluation under strict conditions (researchers/auditors may not disclose identifying information)
- Reporting of suspected child abuse or neglect (information limited to what is required by law)
- Reporting to law enforcement if a patient commits or threatens to commit a crime on Dr. Jacob Schmitz's premises or against Dr. Jacob Schmitz
- Cause of death inquiries, as required or allowed by law

Consent for Treatment, Payment, and Health Care Operations

Unlike standard PHI, SUD records generally require your written consent before they may be used or disclosed even for treatment, payment, and health care operations, unless a specific exception under 42 CFR Part 2 applies. You may provide a single consent for all future such uses and disclosures. You may also revoke that consent in writing at any time for future disclosures.

Redisclosure

When you consent to uses and disclosures for treatment, payment, and health care operations, Dr. Jacob Schmitz may share your SUD records with other health care providers or entities. If the recipient is a HIPAA-covered entity, they may further use and share your information as HIPAA permits. However, your SUD records still cannot be used in legal proceedings against you without your consent or a court order and subpoena.

Fundraising and SUD Records

If I contact you for fundraising, I will provide you with clear and obvious advance notice and a choice about whether to receive fundraising communications that use your SUD information.

Your Rights Regarding SUD Records

- You have the right to request restrictions on disclosures of your SUD records for treatment, payment, and health care operations.

- You have the right to choose in advance whether to receive fundraising communications using your SUD information.
- You have the right to an accounting of disclosures of your electronic SUD records.
- You have the right to file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights (address and phone listed in Section 1 above) regarding violations of 42 CFR Part 2.

SECTION 6 — MY RESPONSIBILITIES

- I am required by law to maintain the privacy and security of your protected health information.
- I will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- I must follow the duties and privacy practices described in this notice and give you a copy of it.
- I will not use or share your information other than as described in this notice unless you tell me I can in writing. If you tell me I can, you may change your mind at any time — let me know in writing if you change your mind.
- I am required to obtain your written authorization for most uses and disclosures of psychotherapy notes and, where applicable, SUD records. Virginia law (Va. Code § 32.1-127.1:03) provides privacy protections for health records that are, in some areas, more stringent than HIPAA. Where Virginia law provides greater protection for your privacy, I follow Virginia law.

SECTION 7 — CHANGES TO THE TERMS OF THIS NOTICE

I can change the terms of this notice, and the changes will apply to all information I have about you, including information created or received before the change. The new notice will be available upon request, and on my Patient Portal.

I will notify you of material changes to this Notice through my Patient Portal. You may always request a current paper copy as well.